PTO/SB/01 (10-00)

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DECL	ARATION		Attorney Do	cket Number	CRD-0991		
AND POWER OF ATTORNEY			First Named	Inventor	Gregg S. Sutt	on et al.	
FOR UTIL	ITY OR DESIGN				TE IF KNOWN		_
	APPLICATION		l				_
(37 CFR 1.63)			Application 1	Vumber			_
Declaration Submitted with Initial Filing	mitted after ircharge	Filing Date					
(37 CFR 1.16(e)) required		) required)	Group Art U	nit			
			Examiner Na	ame			
As a below named inventor	r, I hereby declare that	t:					
My residence, mailing addres I believe I am the original, firs plural names are listed below entitled:	st and sole inventor (if o	nly one nam	ne is listed belo	ow) or an origin	al, first and join sought on the	t inventor (if invention	
VASCULAR FILTER SYSTEM FOR CARDIOPULMONARY BYPASS (Title of the Invention)							
the specification of which							
is attached hereto							
OR							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime		tified Copy ttached? S NO	
☐ Additional foreign applic	eation numbers are liste	d on a suppl	emental priori	ty data sheet P	TO/SB/02B atta	ached hereto:	

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DECLAF	RATION - Utility or Design Patent Ap	plication
I hereby claim the benefit under 35 U.S.C	C. 119(e) of any United States provisional a	application(s) listed below.
Application Number(s)	Filing Date (MM/DD/YYYY)	
		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I housely aloins the honoft and a Title 25 LI	mited States Code, S420 of any United State	a application (a) listed below and incofer as
the subject matter of each of the claims of provided by the first paragraph of Title 35,	nited States Code, §120 of any United State this application is not disclosed in the prior U United States Code, §112, I acknowledge thations, §1.56(a) which occurred between the his application:	Inited States application in the manner e duty to disclose material information as
Application Serial No.	Filing Date	Status
09/365,144	July 30, 1999	Pending
I hereby appoint:		
Practitioners at Customer Number  AND	000027777 →	Place Customer Number Bar Code Label Here
Practitioner(s) named below: Name	Registration Number	
as my/our attorney(s) or agent(s) to prose States Patent and Trademark Office conn	ecute the application identified above, and nected therewith.	to transact all business in the United
Address all telephone calls to Carl J. Evens at te	lephone number (732) 524-2518.	
	mer Number Code Label 000027777 OR	☐ Correspondence address below
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

City

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Gregg or Surname Sutton Inventor's 2/22/02 Date Signature Residence: City Maple Grove State MN Country USA Citizenship USA Mailing Address 9136 Lanewood Court City Maple Grove State MN **ZIP** 55369 Country USA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any]) Jeffrey or Surname Welch Inventor's Signature Date Residence: City New Hope State MN **Country USA** Citizenship USA Mailing Address 4301 Zealand Avenue City New Hope State MN **ZIP** 55438 **Country USA** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) or Surname Inventor's Signature Date Residence: City State Country Citizenship **Mailing Address** 

State

ZIP

Country

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POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)  Declaration Submitted with Initial Filing (Surcharge (37 CFR 1.16(e)) required)  Application Number  Filing Date  Group Art Unit  Examiner Name  As a below named inventor, I hereby declare that:  My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  VASCULAR FILTER SYSTEM FOR CARDIOPULMONARY BYPASS  (Title of the Invention)  the specification of which  is attached hereto					
FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)  Declaration Submitted with Initial Filing (Surcharge (37 CFR 1.16(e)) required)  As a below named inventor, I hereby declare that:  My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  VASCULAR FILTER SYSTEM FOR CARDIOPULMONARY BYPASS  (Title of the Invention)  the specification of which					
Declaration Submitted with Initial Filing   Declaration Submitted after Initial Filing   OR   Declaration Submitted after Initial Filing   Surcharge (37 CFR 1.16(e)) required)   Filing Date					
Initial Filing OR Initial Filing (Surcharge (37 CFR 1.16(e)) required)  Filing Date  Group Art Unit  Examiner Name  As a below named inventor, I hereby declare that:  My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  VASCULAR FILTER SYSTEM FOR CARDIOPULMONARY BYPASS  (Title of the Invention)					
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(Title of the Invention) the specification of which					
is attached hereto					
OR					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for pate or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)  Foreign Filing Date (MM/DD/YYYY) Foreign Filing Date (MM/DD/YYYY) Not Claimed Attached? YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

DECLAR	ATION - Utility or Design Patent App	lication
hereby claim the benefit under 35 U.S.C	. 119(e) of any United States provisional ap	oplication(s) listed below.
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
the subject matter of each of the claims of the provided by the first paragraph of Title 35, I defined in Title 37, Code of Federal Regula national or PCT international filing date of the subject of th	nited States Code, §120 of any United States his application is not disclosed in the prior Ur United States Code, §112, I acknowledge the tions, §1.56(a) which occurred between the finis application:  Filing Date	nited States application in the manner duty to disclose material information as
Application Serial No.	I ling Date	
09/365,144	July 30, 1999	Pending
I hereby appoint:  Practitioners at Customer Number  AND	000027777 →	Place Customer Number Bar Code Label Here
Practitioner(s) named below: Name	Registration Number	
as my/our attorney(s) or agent(s) to pros States Patent and Trademark Office con	ecute the application identified above, and nected therewith.	to transact all business in the United
Address all telephone calls to Carl J. Evens at to		
	omer Number r Code Label 000027777 OR	☐ Correspondence address below
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements mainformation and belief are believed to be that willful false statements and the like U.S.C. 1001 and that such willful false issued thereon.	oe true; and further e so made are puni	r that these sta iishable by fine	tements were i or imprisonme	made with the knowledge ent, or both, under 18
NAME OF SOLE OR FIRST INVENTOR:	☐ A p€	etition has been fil	ed for this unsigne	ed inventor
Given Name (first and middle [if any]) Gregg S.		Family Name or Surname	Sutton	
Inventor's Signature			Date	p
Residence: City Maple Grove	State MN	Count	ry USA	<b>Citizenship</b> USA
Mailing Address 9136 Lanewood Court				
City Maple Grove	State MN	<b>ZIP</b> 5		Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SECOND INVENTOR:	☐ A pe	etition has been fil	ed for this unsigne	ed inventor
Given Name (first and middle [if any]) Jeffrey		Family Name or Surname	Welch	
Inventor's Signature July Wilde	!		Date Z Z	/or
Residence: City New Hope	State MN		ry USA	Citizenship USA
Mailing Address 4301 Zealand Avenue		SW 3	।याभ्य	
City New Hope	State MN	ZIP 5		Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
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issued thereon.  NAME OF THIRD INVENTOR:  Given Name (first and middle [if any])  Inventor's Signature	☐ A per	epardize the vertition has been fill Family Name or Surname	ed for this unsigned	oplication or any patent